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Modified PTO/SB/01 (10-01)  
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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	Wuesthoff-10 (9A-99 194)
	First Named Inventor	Michael MROCHEN
	COMPLETE IF KNOWN	
	Application Number	10/588,175
	Filing Date	August 2, 2006
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPHTHAMOLOGICAL DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) February 3, 2005 as United States Application Number or PCT International

Application Number PCT/EP05/01083 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 3)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION AND POWER OF ATTORNEY  
Utility or Design Patent Application**

Power of Attorney:

As a named inventor, I hereby appoint:

John C. Pokotylo (Reg. No. 36,242)  
Michael P. Straub (Reg. No. 36,941)  
Ronald P. Straub (Reg. No. 48,941)  
Leonard Linardakis (Reg. No. 60,441)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

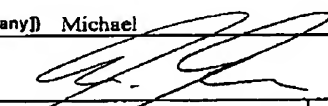
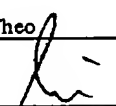
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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26479
OR <input type="checkbox"/> Correspondence address below			
Name Straub & Pokotylo			
Address 620 Tinton Avenue, Bldg. B, 2 <sup>nd</sup> Floor			
City Tinton Falls	State NJ	ZIP 07724-3260	
Country USA	Telephone (732) 542-9070	Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Michael		Family Name or Surname MROCHEN	
Inventor's Signature 		Date 26/03/08	
Residence: City Eglisau	State	Country Switzerland	Citizenship Germany
Mailing Address Salomon Landolt Weg			
City Eglisau	State	ZIP 8193	Country Switzerland
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Theo		Family Name or Surname SEILER	
Inventor's Signature 		Date 26/03/08	
Residence: City Zürich	State	Country Switzerland	Citizenship Germany
Mailing Address Haldenbachstrasse 33			
City Zürich	State	ZIP 8006	Country Switzerland
<input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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